

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Ralph Howard	COURT CASE NUMBER 08C3726 08cv3726
DEFENDANT Officer Lisa Bapp, et al.	TYPE OF PROCESS S/C

SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Police Chief, Thomas Lacheta
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 21701 Torrence Ave., Sauk Village, IL 60411

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Ralph Howard
21744 Jeffrey St.
Sauk Village, IL 60411

Number of process to be
served with this Form - 285**1**Number of parties to be
served in this case**7**Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

FILED**AUG 12 2008**
AUG 12 2008 RC

Fold

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

07-22-08**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 4 of 7	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk Td	Date 07-22-08
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I hereby certify and return that I ☒ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Lisa Gibbons - Admin Assistant

Address (complete only if different than shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service Time am

7/31/08 3:45 pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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One service fee charged same case + location see process

REMARKS:

170sm, 50 miles RT, 2 hours sm**Sheet # 1 for
charges**